



HAWAII STATE ETHICS COMMISSION  
1001 BISHOPS STREET, APT. 970  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
VAN HESSEN	MICHELLE	FAY	735-9360
MAILING ADDRESS (Street)			FAX
3936 Langili Place			735-5740
(City)	(State)	(Zip Code)	
Honolulu	Hi	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII RESTAURANT ASSOCIATION			536-9105
MAILING ADDRESS (Street)			FAX
1164 Bishop Street, Suite 601			534-0117
(City)	(State)	(Zip Code)	
Honolulu	Hi	96816	

PART II ORGANIZATION			
NAME OF ORGANIZATION (Do not abbreviate)			TELEPHONE
HAWAII RESTAURANT ASSOCIATION			536-9105
MAILING ADDRESS (Street)			FAX
1164 Bishop Street Suite 601			534-0117
(City)	(State)	(Zip Code)	
Honolulu	Hi	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MICHELLE VAN HESSEN			536-9105
MAILING ADDRESS (Street)			FAX
1164 Bishop Street Suite #601			534-0117
(City)	(State)	(Zip Code)	
Honolulu	Hi	96816	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	<u>Food</u> <u>Industry</u>

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Michelle Van Hesser  
(Signature of Lobbyist)

4/21/02  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Hawaii Restaurant Association

NAME OF ORGANIZATION (if applicable)

1164 Bishop Street Suite 601

TELEPHONE

536-9105

MAILING ADDRESS (Street)

Honolulu, HI 96816

FAX

534-0117

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Michelle Van Hesser, President  
(Signature of Authorizing Officer or Person Represented)

4/21/02  
(Date)